

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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33	1					
34	1					
35	0					
36		1				
37		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	2					
TOTAL CLAIMS	5					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						